497 Contrib	ution Report			ype or print in ink y be rounded to w		DECEN/ED	497 C.C	ONTRIBUTION REPORT
NAME OF FILER Newport Beach Residents for Traffic Yes on the General Plan Update 2014 AREA CODE/PHONE NUMBER (714) 921-1181 STREET ADDRESS 3848 Campus Drive, Suite 218 CITY		Reduction and Strong Neighborhoods, 4, Yes on Y I.D. NUMBER (if applicable) 1369645 STATE ZIP CODE		Date of This Filing 10/04/2014 Report No. 4 Amendment to Report No. (explain below)		Date Stamp 7014 007 - 6 AM 8: 3	CALIFORNIA 497 FORM For Official Use Only	
Newport Beach	Newport Beach CA		92660 No. of Pages 1					
1. Contributi	on(s) Received							
DATE RECEIVED	FULL NAM	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBU (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS		AMOUNT RECEIVED
10/04/2014	Orange County Jobs Coalition c/o Reed & Davidson LLP Committee ID # 1351853				☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC			20,000.00 [] Check if Loan Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
					☐ IND☐ COM☐ OTH☐ PTY☐ SCC		,	Check if Loan
Reason for Amen	dment:					*Contributor Codes IND – Individual COM – Recipient Come OTH – Other (e.g., but PTY – Political Party SCC – Small Contributo	siness enti	ity)

FPPC Form 497 (March/2011) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)